

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064780

1. Entity Name

JET WINGS TRAVEL & TOURS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90154 007 ***150.00

Principal Place of Business

Mailing Address

2264 NW 87 AVE
SUITE F201
MIAMI FL 33172
US

2264 NW 87TH AVE
SUITE F201
MIAMI FL 33172-2414
US

2. Principal Place of Business

3. Mailing Address

2264 NW 87TH AVE
Suite, Apt. #, etc.

2264 NW 87TH AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number 65-0770311

Applied For
Not Applicable

Zip Country
33172 USA

Zip Country
33172 USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JHANGIMAL, SONIA D
9425 SW 91ST ST
MIAMI FL 33176

Name SONIA-D. JHANGIMAL
Street Address (P.O. Box Number is Not Acceptable)
2264 NW 87TH AVE
City MIAMI FL Zip Code 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Sonia D. Jhangimal* SONIA-D. JHANGIMAL 04-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	JHANGIMAL, GOBINDRAN	NAME	
STREET ADDRESS	2264 NW 87TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	JHANGIMAL, SONIA D	NAME	
STREET ADDRESS	2264 NW 87TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	JHANGIMAL, SURESH G	NAME	
STREET ADDRESS	2264 NW 87TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sonia D. Jhangimal* SONIA-D. JHANGIMAL 04-26-00 305-591-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)